



Complete Summary

TITLE

Diabetes mellitus: percent of eligible patients with a diagnosis of diabetes mellitus having a nephropathy screening test during the past year or documented evidence of nephropathy.

SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percent of eligible patients with a diagnosis of diabetes mellitus having a nephropathy screening test during the past year or documented evidence of nephropathy.

RATIONALE

Detection and treatment of early diabetic kidney disease can reduce the development of kidney failure by 30% to 70%.

PRIMARY CLINICAL COMPONENT

Diabetes mellitus; nephropathy screening

DENOMINATOR DESCRIPTION

Eligible patients from the NEXUS Clinics cohort with diabetes mellitus age 18 to 75 (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Eligible patients with a diagnosis of diabetes mellitus with nephropathy screening test during the past year or documented evidence of nephropathy (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 18 to 75 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component**INCIDENCE/PREVALENCE**

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Complications of diabetes include:

- Heart disease is the leading cause of diabetes-related deaths. Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.
- Diabetes is the leading cause of new cases of blindness among adults age 20 to 74.
- Diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year.
- More than 60% of nontraumatic lower-limb amputations in the United States occur among people with diabetes.

EVIDENCE FOR BURDEN OF ILLNESS

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Eligible patients from the NEXUS Clinics cohort* with diabetes age 18 to 75

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Eligible patients from the NEXUS Clinics cohort* with diabetes mellitus age 18 to 75

**Eligible diabetes mellitus patients:* Meets NEXUS Clinics cohort selection criteria and has a diagnosis of diabetes upon Computerized Patient Record System (CPRS) chart review. Refer to the original measure documentation for patient cohort description.

Exclusions

- Patients greater than 75 years of age or under 18 years
- Patients with a diagnosis of gestational diabetes
- Hyperglycemia not otherwise specified (NOS)
- Steroid induced hyperglycemia

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Eligible patients with a diagnosis of diabetes mellitus having a nephropathy screening test during the past year or documented evidence of nephropathy

Note:

The four ways to monitor for diabetic nephropathy include:

- Documentation of existing nephropathy
- Macroalbumin testing
- Microalbumin testing
- Evidence of angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy

Any of the following meet the criteria for evidence of nephropathy:

- Documentation of a visit to a nephrologist
- Documentation of medical attention for any of the following:
 - Diabetic nephropathy
 - End-stage renal disease (ESRD)
 - Chronic renal failure (CRF)
 - Renal insufficiency
 - Proteinuria
 - Albuminuria
 - Renal dysfunction
 - Acute renal failure (ARF)
 - Dialysis, hemodialysis or peritoneal dialysis
 - Positive macroalbumin test

Any of the following meet criteria for a positive urine macroalbumin test:

- Positive urinalysis (random, spot, or times) for protein
- Positive urine (random, spot, or timed) for protein
- Positive urine dipstick for protein
- Positive tablet reagent for urine protein
- Positive result for albuminuria
- Positive result for macroalbuminuria
- Positive result for proteinuria
- Positive result for gross proteinuria

"Trace" urine macroalbumin test results are not considered as positive.

Nephropathy screening test at a minimum must include documentation indicating the date on which a urine microalbumin test was performed and the result.

Any of the following meet the criteria for urine microalbumin test for nephropathy:

- 24-hour urine for microalbumin
- Timed urine for microalbumin
- Spot urine for microalbumin
- Urine microalbumin/creatinine ratio
- 24-hour urine for total protein
- Random urine for protein/creatinine ratio

ACE/ARB included on "active" medication list during the past year is considered valid evidence.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Diabetes mellitus – outpatient – nephropathy screening test or evidence of nephropathy.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2009: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Performance Measures](#)

MEASURE SUBSET NAME

[Effectiveness of Care -- Diabetes](#)

DEVELOPER

Veterans Health Administration

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Unspecified

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Oct

REVISION DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Office of Quality and Performance (10Q). FY 2008, Q1 technical manual for the VHA performance measurement system. Washington (DC): Washington (DC); 2007 Oct 31. 315 p.

SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

MEASURE AVAILABILITY

The individual measure, "Diabetes Mellitus – Outpatient – Nephropathy Screening Test or Evidence of Nephropathy," is published in "FY 2009, Q2 Technical Manual for the VHA Performance Measurement System."

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NQMC STATUS

This NQMC summary was completed by ECRI Institute on March 25, 2008. The information was not verified by the measure developer. This NQMC summary was

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